



Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1)(m)].

MECHANICAL REFRIGERATION ACCIDENT REPORT

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

Comm 45.10 Reporting of accidents. Whenever mechanical refrigeration equipment or system components fail and cause injury to any person, the owner or user shall report in writing the facts involved to the department within the following 24 hours. The owner or user may not remove or disturb mechanical refrigeration equipment or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the department, except for the purpose of saving human life or preventing further property damage.

Name of Injured: _____ Date of Injury: _____ Time of Injury: _____
Address: _____ City: _____ State: _____ Telephone: _____
Nature of Injury: _____

Did Accident Cause a Fatality: ☐ Yes ☐ No

Was Mechanical Refrigeration or parts moved: ☐ Yes ☐ No Contractor / Inspector Notified: ☐ Yes ☐ No
If Yes Reason: _____ If Yes Name(s) and Telephone Number(s) _____

Describe fully how accident occurred and state what injured was doing when the accident occurred, Include attachment if necessary:

Name(s) and Telephone Number(s) of Witness: _____

Does Mechanical Refrigeration have a Permit to Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection:
Name of Person Filing Report (Please Print Clearly)	Company or Firm
Signature of Person Filing Report	Date of this Report

This Report Must Be Filed With the Department of Commerce Within 24 hours of Accident

A Copy of This Report Should Be Forwarded to the Owner